

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH  
COVER SHEET PG 1

2003 APR 25 A 8:32

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE DR FIRST JOHNN MI  
NICKNAME LAST GONZALEZ SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

14 KINGS HEATH  
SAN ANTONIO TX 78015

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE MR FIRST HERBERT T. MI  
NICKNAME LAST HERB RIPP JR SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4903 BELLE ELLEN DR  
SAN ANTONIO TX 78229

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 614 0118

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year  
4/2/03 THROUGH 4/23/03

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5/3/03 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY Council Dist 8

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #: City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH

COVER SHEET PG 2

2003 APR 25 A 8:32

14 C/OH NAME

JO ANN GONZALEZ

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 600.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 553.28

4. TOTAL POLITICAL EXPENDITURES

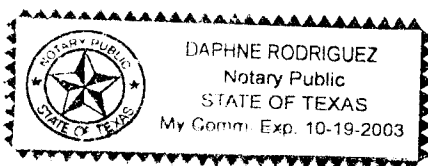
\$ 6609.41

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jo Ann Gonzalez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jo Ann Gonzalez, this the 24<sup>th</sup> day of April, 20 03, to certify which, witness my hand and seal of office.

Daphne Rodriguez  
Signature of officer administering oath

Daphne Rodriguez  
Printed name of officer administering oath

notary public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 APR 25 A 8 34

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

/

2 FILER NAME

JO ANN GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/2/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

FRANCISCO RODRIGUEZ

6 Contributor address; City; State; Zip Code

311 CAMDEN WAY SAT 78215

 7 Amount of  
contribution (\$)

\$200.00

 8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM GRISSON

Contributor address; City; State; Zip Code

8745 GRISSEM #236 SAT 78251

 Amount of  
contribution (\$)

\$250.00

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

 Amount of  
contribution (\$)

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

 Amount of  
contribution (\$)

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

 Amount of  
contribution (\$)

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

~~-2070~~ RECEIVED (512)  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

~~2003 APR 25 A 8:34~~

**The INSTRUCTION GUIDE explains how to complete this form.**

1 Total pages Schedule F:

**2 FILER NAME**

ER NAME  
JO ANN GONZALEZ

3 ACCOUNT # (Ethics Commission files)

4 Date

**5 Payee name**

7	Amount (\$)
---	----------------

4/5/03

S B C

6 Payee address; City; State; Zip Code

P.O. Box 4845 Houston TX 77097

169.43

8 Purpose of payment (See instructions regarding type of information required.)

TELEPHONE FOR WQ

**9** -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought

Date \_\_\_\_\_

Payee name

Amount  
(\$)

4/23/03

JO ANN GONZALEZ

Payee address: City: State: Zip Code

14 KINGS HEATH SAT 78015

\$3200.00

Purpose of payment (See instructions regarding type of information required.)

PAY BACK EXP. on School G

.. Complete if direct expenditure to benefit C/OH ..

Date \_\_\_\_\_

**Pavee name**

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Date \_\_\_\_\_

Payee name

Amount  
(\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH.

Candidate / Officeholder name	Office sought
-------------------------------	---------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE G**

2003 APR 25 A 8 32

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

JO ANN GONZALEZ

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

SAMS

6 Payee address;

City; State; Zip Code

1/29/03

5565 DEZAULA SAT 78249

7 Purpose of expenditure (See instructions regarding type of information required.)

FOOD FOR POLITICAL FUNCTION

8 Amount (\$)

\$252.57

☒ Reimbursement from political contributions intended

Date

Payee name

AT&amp;T WIRELESS

Payee address;

City; State; Zip Code

4/11/03

5030 DEZAULA SAT 78249

Purpose of expenditure (See instructions regarding type of information required.)

WIRELESS - MARCEL

Amount (\$)

\$237.26

☒ Reimbursement from political contributions intended

Date

Payee name

S.A. NEWS

Payee address;

City; State; Zip Code

4/3/03

P.O. BOX 24022 SAT 78224

Purpose of expenditure (See instructions regarding type of information required.)

AD.

Amount (\$)

\$250.00

☒ Reimbursement from political contributions intended

Date

Payee name

PRINTING &amp; DESIGNS

Payee address;

City; State; Zip Code

3/7/03

4536 W. Commerce SAT 78237

Purpose of expenditure (See instructions regarding type of information required.)

PRINTING

Amount (\$)

593.33

☒ Reimbursement from political contributions intended

Date

Payee name

PRINTING &amp; DESIGNS

Payee address;

City; State; Zip Code

3/10/03

4536 W. Commerce SAT 78237

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

636.42

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## **SCHEDULE G**

2003 APR 25 A 8:33

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME

**JO ANN GONZALEZ**

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

**U.S.P.S.**

6 Payee address; City; State; Zip Code

**3/10/03 CEDAR ELM STA SAT 78249**

7 Purpose of expenditure (See instructions regarding type of information required.)

**POSTAGE**

8 Amount (\$)

**\$612.50**

☒ Reimbursement from political contributions intended

Date

Payee name

**GABRIEL'S LIQUOR**

Payee address; City; State; Zip Code

**3/12/03 4445 WALZEM SAT 78212**

Purpose of expenditure (See instructions regarding type of information required.)

**LIQUOR FOR POLITICAL FUNCTION**

Amount (\$)

**\$104.62**

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**